

**Please enter data in the shaded cells only.**

**INVOICE - RFP# CCD-07-047**

**ATTACHMENT J1**

Virginia Department of Social Services  
7 North Eighth Street  
Richmond, VA 23219

Sub-grant Number:		Date of Request:	
Sub-grantee Name:		Period Covered by this Request:	
		From:	To:
Finance Officer Address 1:			
Finance Officer Address 2:		Federal Identification Number:	
Finance Officer Address 3:			
City/State/Zip			
		<b>SUB-GRANT AMOUNT</b>	
Total Sub-grantee Award (A)			
Less: Previous Amount Requested YTD (B)			
(A-B) Available Amount of Award (C)			
<b>Less: Amount Now Requested (D)</b>			
(C-D) Remaining Sub-grant Balance (E)			

**CERTIFICATION**

I certify that, to the best of my knowledge, the information above is correct, that no expenditures have been allocated to any other program, that all expenditures have been made in accordance with the sub-grant conditions, that payment is due, and that payment has not been previously requested.

Signature of Authorized Official	Title	Typed Name of Authorized Official

**APPROVAL**

Do not use this space. For DSS use only.

FUND	AMOUNT	COST CODE
FEDERAL		
STATE		
TOTAL		
Signature		Date
Title		